

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013851

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 352

Primary Registration District No. \_\_\_\_\_

Registrar's No. 18

FILED MAR 19 1962

## 1. PLACE OF DEATH

a. COUNTY

Taney

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Forsyth

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Box 262, Forsyth

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Taney

c. CITY

OR  
TOWN

Forsyth

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

Box 262, Forsyth

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

WALTER

Middle

EDWARD

Last

HUGGINS

## 4. DATE OF DEATH

Month

Day

Year

Mar. 7, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/10/1893

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Funeral Director

## 10b. KIND OF BUSINESS OR INDUSTRY

Funeral

## 11. BIRTHPLACE (City and state or country)

Olathe, Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Stere Huggins

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Eva Huggins

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

2 Eva Huggins, Box 262, Forsyth, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary heart disease acute.

## INTERVAL BETWEEN ONSET AND DEATH

1 da

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last:

DUE TO (b)

Hypertension

1 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-10-62 to 3-2-62 and last saw her alive on 3-6-62Death occurred at 3:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Harley D. Mares M.D.

## 22b. ADDRESS

Forsyth

## 22c. DATE SIGNED

3-14-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3/10/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Olethe Cemetery

## 23d. LOCATION (City, town, or county)

Olethe, Kansas

(State)

## 24. FUNERAL DIRECTOR

Springfield, Missouri.

Ralph Thieme, 1200 Boonville Ave.

## 25. DATE RECD. BY LOCAL REG.

3/16/62

## 26. REGISTRAR'S SIGNATURE

Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold F. Estrell*

Licensed Embalmer No. 5079

P. O. Address Spfld. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.